



## PUBLIC EMPLOYMENT RELATIONS COMMISSION

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OLYMPIA, WA

OCT 22 2004

PUBLIC EMPLOYMENT  
RELATIONS COMMISSION

# PETITION FOR INVESTIGATION OF QUESTION CONCERNING REPRESENTATION

[ ] Amended Petition in Case \_\_\_\_\_ -E- \_\_\_\_\_ -

Instructions: See other side of this form.

Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC.

The petitioner claims that a question concerning representation exists involving certain employees of the employer named below.

**1. EMPLOYER** CITY OF FEDERAL WAY

CONTACT PERSON MR. RICHMONSON  
 ADDRESS 33325 8TH AVE. SO.  
 CITY/STATE FEDERAL WAY, WA ZIP 98063-9718  
 TELEPHONE (253) 835-2570 EXT. 2570 FAX (.....)

ATTORNEY or REPRESENTATIVE (CITY ATTORNEY)  
 ADDRESS SAME AS ABOVE  
 CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 TELEPHONE (.....) EXT. \_\_\_\_\_ FAX (.....)

**2. PETITIONER** FEDERAL WAY LIEUTENANTS

CONTACT PERSON LT. ROBERT J. PIEL #0040  
 ADDRESS 418 SW 352ND ST.  
 CITY/STATE FEDERAL WAY, WA ZIP 98023  
 TELEPHONE (253) 653-5871 EXT. - FAX (.....)

ATTORNEY or REPRESENTATIVE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 TELEPHONE (.....) EXT. \_\_\_\_\_ FAX (.....)

**3. INCUMBENT BARGAINING REPRESENTATIVE** Indicate:

☒ The employees involved are not currently represented for bargaining; or

[ ] The employees involved are currently represented by:

ORGANIZATION \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 TELEPHONE (.....) EXT. \_\_\_\_\_ FAX (.....)

ATTORNEY or REPRESENTATIVE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 TELEPHONE (.....) EXT. \_\_\_\_\_ FAX (.....)

**4. COLLECTIVE BARGAINING AGREEMENT** Indicate:

☒ There has never been an agreement covering the employees involved; or

[ ] A copy of the current (or most recent) agreement is attached.

**5. SHOWING OF INTEREST** A petition filed by an organization or employees must be accompanied by a showing of interest showing that the petitioner has the support of 30% or more of the employees in the bargaining unit.

**6. BARGAINING UNIT**

a. EMPLOYER'S PRINCIPAL BUSINESS FEDERAL WAY CITY MUNICIPAL GOVT.

b. DEPARTMENT OR DIVISION INVOLVED PUBLIC SAFETY (POLICE DEPARTMENT)

c. DESCRIPTION OF BARGAINING UNIT Indicate inclusions/exclusions, contract page or case/decision number:  
ALL POLICE DEPARTMENT LIEUTENANTS

d. NUMBER OF EMPLOYEES IN BARGAINING UNIT 12

**7. DESIGNATION OF REQUEST** Indicate:

- ☒ RECOGNITION REQUEST. The petitioner claims to represent a majority of the employees involved, and requests certification as exclusive bargaining representative of the bargaining unit.
- [ ] CHANGE OF REPRESENTATIVE. The employees in the bargaining unit desire to change their designation of exclusive bargaining representative, and to designate the petitioner as their exclusive bargaining representative.
- [ ] DECERTIFICATION. The employees in the bargaining unit no longer desire to be represented by any employee organization.
- [ ] EMPLOYER PETITION - DEMAND FOR RECOGNITION. The employer has been presented with one or more demands for recognition (per attached documentation), and requests a determination by the Commission.
- [ ] EMPLOYER PETITION - INCUMBENCY QUESTIONED. The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire representation by the incumbent exclusive bargaining representative.

**8. OTHER RELEVANT FACTS** Indicate, if applicable:

[ ] Additional information is set forth on separate sheets attached to this petition form.

**9. AUTHORIZED SIGNATURE FOR PETITIONER**NAME (PRINT) ROBERT J. PIELSIGNATURE [Signature]TITLE Police Lieutenant DATE 10-14-04